











2021 Lodi Kids Camp Emergency Form

Must be c	ompleted by Pare	ent or Guardian			
Child's Name:		First	Midd	Middle	
Address:			·		
	Home Add	Iress	City	Zip	
Child's Inf	fo:	Male/Female	Grade	Birth date	
Father's Ir	nfo:				
	Last	First	Hom	e/Cell #	E-mail
Mother's I		First		-/O-II #	
Authorize	Last d Adults to pick u	up child from progra		e/Cell #	E-mail
Name:					
	Last	First	Relationship	Home/Cell Phone	Work Phone
Name:	Last	First	Relationship	Home/Cell Phone	Work Phone
Name:			,		
Hame.	Last	First	Relationship	Home/Cell Phone	Work Phone
<u>Physician</u>	/Dentist to be cal	led in an emergency	<u>Y</u>		
Physician	's Info:				
Dentist's Info:			Medical Plan	Insurance Number	Office Phone
Dentist S i	inio:	Name	Medical Plan	Insurance Number	Office Phone
If Physician	n cannot be reache	d, what action should	l be taken?		
Allergies,	limitations, medi	cations, dietary res	trictions or special	needs	
Procedure	<u> </u>				
I hereby the programmer connecteI recogni registerir	agree to indemnify an ram, from and against ed with participation in ize and understand that	any and all liability for any the program named abov at there may be risks of in	y injury which may be su e. ury to my child as a part	harmless, and any community ffered by me or my child, arisin icipant in this program and I ag re of and understand the polic	ng out of or in any way gree to accept those risks in
	Parent/Guardian Pri	nt Name	Parent/Guardian Sign	ature	Date